

1. DATE - TIME GROUP 2 August 65 03/0445Z	2. LOCATION Alexandria, Virginia
3. SOURCE Civilian	10. CONCLUSION REFLECTION
4. NUMBER OF OBJECTS One	Evaluated as reflection of light on window throught which observer was looking from unknown light source. Evaluation by JAH.
5. LENGTH OF OBSERVATION Seconds	11. BRIEF SUMMARY AND ANALYSIS Round light with fuzzy edges observed fro a matter of seconds. Crossed window from right to left. No sound. Yellowish white color. About size of 10 falling stars.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Stationary (?)	
8. PHOTOS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM  
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

34. Date you completed this questionnaire:

6 Aug 1965

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Mrs. Hunt/man/SAFOICC/72842/31 Aug 65

SEP - 1 1965

Dear Mr. [REDACTED]

This is in reply to your report of an aerial object which you could not identify.

Our investigation office has determined that the likely cause of your observation was a reflection from an unknown light source.

Thank you for reporting your observation to the Air Force.

Sincerely,

**JOHN P. SPAULDING**  
Lt Colonel, USAF  
Chief, Civil Branch  
Community Relations Division  
Office of Information

Mr. [REDACTED]

Alexandria, Virginia

COORDINATED By (Office Symbol, Name, Grade, Date)

SAF-01

837-010

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~~1~~ Casoni cy - 34701-2  
Coneck cy - 34701-3  
Fischer cy - 34701-4  
Hoffman cy - 34701-5  
Kotiviti cy - 34701-6  
Stayback

TDEW

UFO Sighting, Alexandria, Virginia, 2 Aug 65

AUG 25 1965

Hq USAF SAFOICC (Mrs Hunt)  
Wash D C 20330

This office is in receipt of an unidentified flying object report from [redacted], [redacted], Alexandria, Virginia. The most likely cause of his observation is a reflection from an unknown light source.

FOR THE COMMANDER

CD  
ERIC T de JONCKHEERE  
Colonel, USAF  
Deputy for Technology  
and Subsystems

ORIGINATOR:

TDEW/UFO

*H Quintanilla*

DATED 25 Aug 65

Maj H Quintanilla, Jr

Please send me an evaluation of this  
observer wants an  
answer

*FILED  
ALEXANDRIA, VA.*

DEPARTMENT OF THE AIR FORCE  
WASHINGTON

OFFICE OF THE SECRETARY

*Aug*

Dear Mr. [REDACTED]

Attached is FTD Form 164 which is used for reporting observations of unidentified flying objects to the Air Force. In order for the Air Force to evaluate these reports, this form should be completed as fully as possible and returned to this office.

Sincerely,

*Sara Hunt*

SARA HUNT  
Community Relations Division  
Office of Information

1 Atch  
FTD Form 164

Mr. [REDACTED]

[REDACTED]  
Alexandria, Virginia

2 Aug

### U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

2. Time of day:

Hour \_\_\_\_\_ Minutes \_\_\_\_\_

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One):  
a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One):  
a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

Nearest Postal Address \_\_\_\_\_

City or Town \_\_\_\_\_

State or County \_\_\_\_\_

5. How long was object in sight? (Total Duration)

Hours \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds \_\_\_\_\_

- |                   |                  |
|-------------------|------------------|
| a. Certain        | c. Not very sure |
| b. Fairly certain | d. Just a guess  |

5.1 How was time in sight determined? \_\_\_\_\_

5.2 Was object in sight continuously? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

NIGHT  
a. Bright  
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- |  |   |
|--|---|
| (Circle One):<br>a. In front of you<br>b. In back of you<br>c. To your right | d. To your left<br>e. Overhead<br>f. Don't remember |
|--|---|

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

### 8.1 STARS (Circle One):

- a. None
  - b. A few
  - c. Many
  - d. Don't remember

## 8.2 MOON (Circle One):

- a. Bright moonlight
  - b. Dull moonlight.
  - c. No moonlight – pitch dark
  - d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
  - b. Hazy
  - c. Scattered clouds
  - d. Thick or heavy clouds

**WEATHER (Circle One):**

- a. Dry
  - b. Fog, mist, or light rain
  - c. Moderate or heavy rain
  - d. Snow
  - e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
  - b. Transparent
  - c. Vapor
  - d. As a liquid
  - e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):



### 11.1 Compare brightness to some common object:

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12. The edges of the object were:

(Circle One): a. Fuzzy or blurred ✓  
b. Like a bright star  
c. Sharply outlined  
d. Don't remember

e. Other \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
  - b. Suddenly speed up and rush away at any time?
  - c. Break up into parts or explode?
  - d. Give off smoke?
  - e. Change brightness?
  - f. Change shape?
  - g. Flash or flicker?
  - h. Disappear and reappear?

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):      Yes      No      Don't Know.      IF you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):      Yes      No      Don't Know.      IF you answered YES, then tell what it moved in front of:

17. Tell in a few words the following things about the object:

a. Sound \_\_\_\_\_

b. Color \_\_\_\_\_

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object? *Slow*

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

22. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other \_\_\_\_\_

23. Where you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

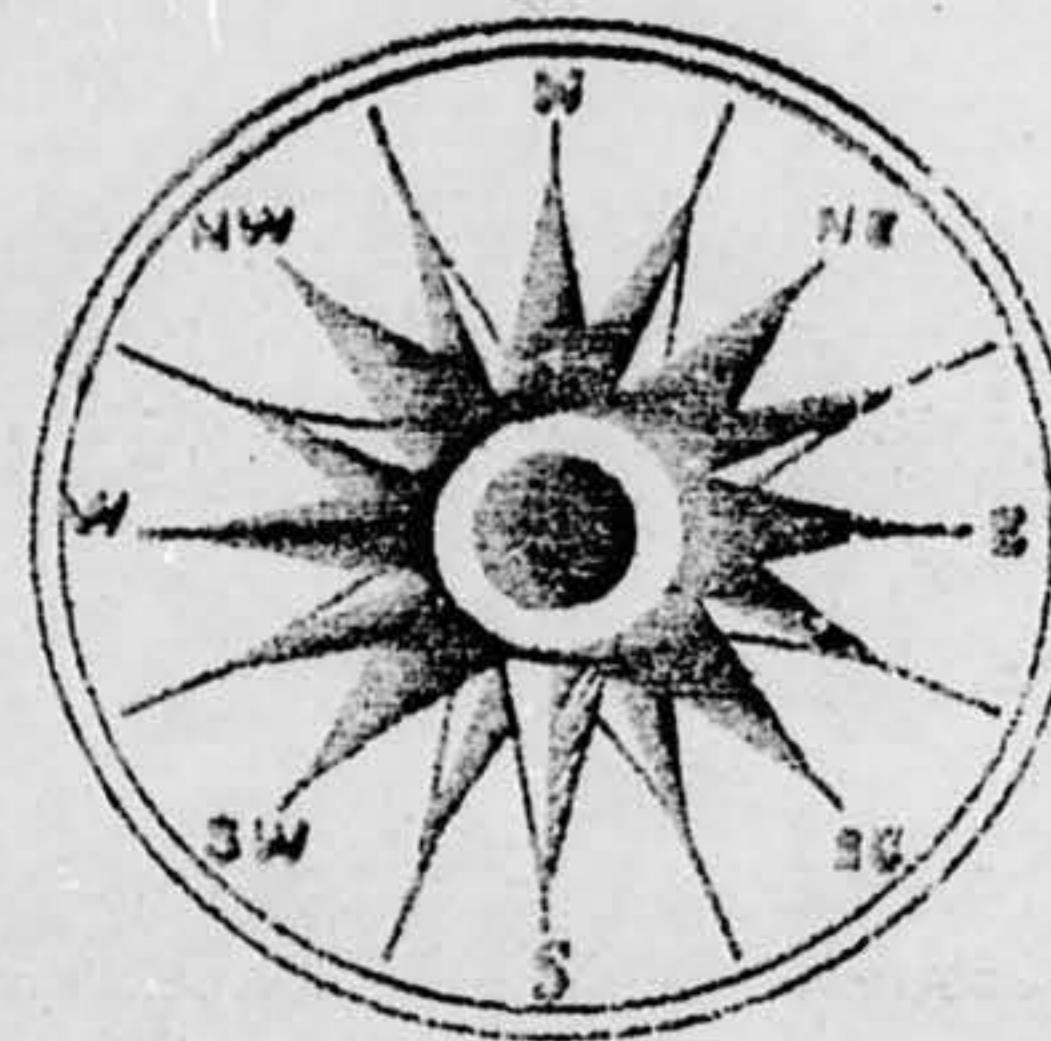
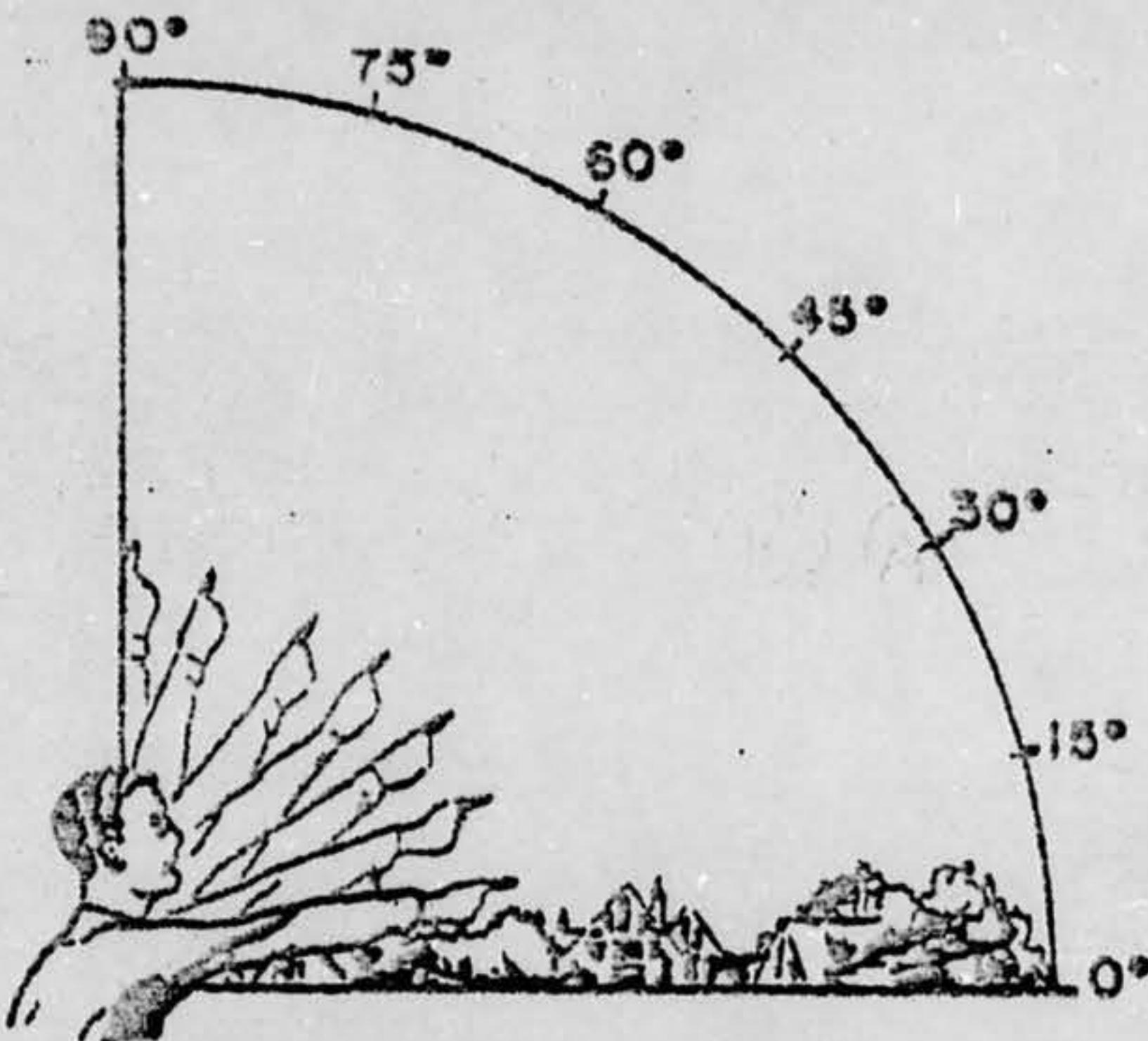
(Circle One) Yes No

25. Did you observe the object through any of the following?

- |                 |     |    |                |     |    |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses   | Yes | No | e. Binoculars  | Yes | No |
| b. Sun glasses  | Yes | No | f. Telescope   | Yes | No |
| c. Windshield   | Yes | No | g. Theodolite  | Yes | No |
| d. Window glass | Yes | No | h. Other _____ |     |    |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.